

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request:	3/17/05	2 Serial/Patent #	10-518,048							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing		1	10/16/04							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 100							
		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>9</td><td>--</td><td>4</td><td>8</td><td>8</td><td>0</td></tr></table>		1	9	--	4	8	8	0
1	9	--	4	8	8	0				
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		<u>A Johnson</u>								
SIGNATURE:		<u>A Johnson</u>								
OFFICE:		<u>DO-ED</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****										
APPROVED:		DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B